

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 11884/400201

First Inventor GOERING, Thomas

Title SYSTEM AND METHOD FOR REUSING
FORM ELEMENTS IN A FORM BUILDING
APPLICATIONExpress Mail Label No. P10
U.S. 665315
22102264
09/22/03**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

| | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 14] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 18]</p> <p>5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
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ACCOMPANYING APPLICATIONS PARTS

| | |
|---|--|
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Non-publication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p> | |
|---|--|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

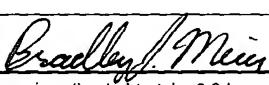
Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ /
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 23838 or Correspondence address below

| | | | |
|---------|-----------|----------|--|
| Name | | | |
| Address | | | |
| City | State | Zip Code | |
| Country | Telephone | Fax | |

| | | | |
|-------------------|---|-----------------------------------|--------------------|
| Name (Print/Type) | Bradley J. Meier | Registration No. (Attorney/Agent) | 44,236 |
| Signature |  | | Date |
| | | | September 22, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

DCO 469257 v1

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

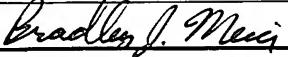
Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$834.00

| Complete if Known | |
|----------------------|--------------------|
| Application Number | Not assigned |
| Filing Date | September 22, 2003 |
| First Named Inventor | GOERING, Thomas |
| Examiner Name | Not assigned |
| Group / Art Unit | Not assigned |
| Attorney Docket No. | 11884/400201 |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|-----------------|----------------------|---|---------------------------------|--|--|--------------|--------------|-----------------|----------|----------|----------|---------------|--|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-------|------|-------|------|------|------|------|--------------|--------|----------|--------|--------------|--------|------|--------------|----------------|----------|---------------------------------|--------|------|----------------------|---------------------------------|--------------------------------|--------------------|--------------------------------|-------|----------------------|---------------------------------|---------------------------------|--------------------|-----|------|-----|----------------------------------|----------------------|--------------|-----|---------|-----|------|-----|------|-----|------|-------|------|-------|------|-----|------|----|------|-------|------|-----|------|-------|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|----|------|----|------|-----|------|-----|------|----|------|----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|---------------------|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <input type="text" value="11-0600"/> Deposit Account Name <input type="text" value="KENYON & KENYON"/> | | | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code (\$)</td> <td></td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> </tr> <tr> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> </tr> <tr> <td>1503</td> <td>630</td> <td>2503</td> <td>315</td> </tr> <tr> <td>1460</td> <td>130</td> <td>2460</td> <td>130</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> </tr> <tr> <td>1809</td> <td>750</td> <td>2809</td> <td>375</td> </tr> <tr> <td>1810</td> <td>750</td> <td>2810</td> <td>375</td> </tr> <tr> <td>1801</td> <td>750</td> <td>2801</td> <td>375</td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> </tr> <tr> <td colspan="4">Other fee (specify)</td> </tr> </tbody> </table> | | | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code (\$) | | 1051 | 130 | 2051 | 65 | 1052 | 50 | 2052 | 25 | 1053 | 130 | 1053 | 130 | 1812 | 2,520 | 1812 | 2,520 | 1804 | 920* | 1804 | 920* | 1805 | 1,840* | 1805 | 1,840* | 1251 | 110 | 2251 | 55 | 1252 | 410 | 2252 | 205 | 1253 | 930 | 2253 | 465 | 1254 | 1,450 | 2254 | 725 | 1255 | 1,970 | 2255 | 985 | 1401 | 320 | 2401 | 160 | 1402 | 320 | 2402 | 160 | 1403 | 280 | 2403 | 140 | 1451 | 1,510 | 1451 | 1,510 | 1452 | 110 | 2452 | 55 | 1453 | 1,300 | 2453 | 650 | 1501 | 1,300 | 2501 | 650 | 1502 | 470 | 2502 | 235 | 1503 | 630 | 2503 | 315 | 1460 | 130 | 2460 | 130 | 1807 | 50 | 1807 | 50 | 1806 | 180 | 1806 | 180 | 8021 | 40 | 8021 | 40 | 1809 | 750 | 2809 | 375 | 1810 | 750 | 2810 | 375 | 1801 | 750 | 2801 | 375 | 1802 | 900 | 1802 | 900 | Other fee (specify) | | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 | 130 | 2051 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 | 50 | 2052 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1053 | 130 | 1053 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1812 | 2,520 | 1812 | 2,520 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1804 | 920* | 1804 | 920* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1805 | 1,840* | 1805 | 1,840* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 | 110 | 2251 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 | 410 | 2252 | 205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 | 930 | 2253 | 465 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 | 1,450 | 2254 | 725 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 | 1,970 | 2255 | 985 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 | 320 | 2401 | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 | 320 | 2402 | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1403 | 280 | 2403 | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1451 | 1,510 | 1451 | 1,510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1452 | 110 | 2452 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1453 | 1,300 | 2453 | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1501 | 1,300 | 2501 | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1502 | 470 | 2502 | 235 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1503 | 630 | 2503 | 315 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1460 | 130 | 2460 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1807 | 50 | 1807 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806 | 180 | 1806 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8021 | 40 | 8021 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 | 750 | 2809 | 375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 | 750 | 2810 | 375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1801 | 750 | 2801 | 375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1802 | 900 | 1802 | 900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code (\$)</td> <td></td> </tr> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="2">(\$ 750)</td> </tr> </tbody> </table> 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20 **</th> <th>=</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="text" value="19"/></td> <td>-20 **</td> <td>=</td> <td><input type="text"/></td> <td><input type="text" value="18"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="text" value="4"/></td> <td>-3 **</td> <td><input type="text"/></td> <td><input type="text" value="84"/></td> <td><input type="text" value="84"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td><input type="text" value="280"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td colspan="2">(\$ 84)</td> </tr> </tbody> </table> | | | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code (\$) | | 1001 | 750 | 2001 | 375 | 1002 | 330 | 2002 | 165 | 1003 | 520 | 2003 | 260 | 1004 | 750 | 2004 | 375 | 1005 | 160 | 2005 | 80 | SUBTOTAL (1) | | (\$ 750) | | Total Claims | -20 ** | = | Extra Claims | Fee from below | Fee Paid | <input type="text" value="19"/> | -20 ** | = | <input type="text"/> | <input type="text" value="18"/> | <input type="text" value="0"/> | Independent Claims | <input type="text" value="4"/> | -3 ** | <input type="text"/> | <input type="text" value="84"/> | <input type="text" value="84"/> | Multiple Dependent | | | | <input type="text" value="280"/> | <input type="text"/> | SUBTOTAL (2) | | (\$ 84) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 750 | 2001 | 375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 330 | 2002 | 165 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | 520 | 2003 | 260 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 750 | 2004 | 375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 160 | 2005 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$ 750) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | -20 ** | = | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text" value="19"/> | -20 ** | = | <input type="text"/> | <input type="text" value="18"/> | <input type="text" value="0"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | <input type="text" value="4"/> | -3 ** | <input type="text"/> | <input type="text" value="84"/> | <input type="text" value="84"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | <input type="text" value="280"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | (\$ 84) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | | | | | Complete (if applicable) | |
|-------------------|---|-------------------------------------|--------|-----------|--------------------|--------------------------|--|
| Name (Print/Type) | Bradley J. Meier | Registration No. Attorney/Agent) | 44,236 | Telephone | (202) 220-4200 | | |
| Signature |  | | | Date | September 22, 2003 | | |